

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	9257
First Named Inventor	ROBERT A. SUTHERLAND ET AL
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL CONVERTER FLEX ASSEMBLIES

the specification of which

is attached hereto

(Title of the Invention)

OR

was filed on (MM/DD/YYYY) [REDACTED]

as United States Application Number or PCT International

Application Number [REDACTED]

and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	3-12-2001	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Bruce H. Johnsonbaugh John P. Wooldridge	24,982 38,725		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	Bruce H. Johnsonbaugh				
Address	Eckhoff, Hoppe, Slick, Mitchell & Anderson				
Address	Four Embarcadero Center, Suite 760				
City	San Francisco	State	CA	ZIP	94111
Country	US	Telephone	415-391-7160		Fax 415-391-7164

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)	Family Name or Surname					
Robert A.	Sutherland					
Inventor's Signature						Date
Residence: City	State	Country	Citizenship			
Post Office Address						
Post Office Address						
City	State	ZIP	Country			

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name **James** Middle Initial **S.** Family Name **Sacks** Suffix e.g. Jr.Inventor's Signature DateResidence: City State Country Citizenship

Post Office Address

Post Office Address

City State Zip CountryName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name **Eric** Middle Initial **B.** Family Name **Grann** Suffix e.g. Jr.Inventor's Signature DateResidence: City **San Ramon** State **CA** Zip **94583** Country **US** Citizenship **US**Post Office Address **331 East Ridge Drive**

Post Office Address

City **San Ramon** State **CA** Zip **94583** Country **US**Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name **Kenneth** Middle Initial **R.** Family Name **Herrity** Suffix e.g. Jr.Inventor's Signature DateResidence: City **Milpitas** State **CA** Zip **95035** Country **US** Citizenship **US**Post Office Address **120 Dixon Landing Road, #161**

Post Office Address

City **Milpitas** State **CA** Zip **95035** Country **US**Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name **Jeffrey** Middle Initial **A.** Family Name **Griffis** Suffix e.g. Jr.Inventor's Signature DateResidence: City State Country Citizenship

Post Office Address

Post Office Address

City State Zip Country Additional inventors are being named on supplemental sheet(s) attached hereto

*Please type a plus sign (+) inside this box →

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name Middle Initial Family Name Suffix e.g. Jr. Inventor's Signature DateResidence: State Country CitizenshipPost Office Address Post Office Address City State Zip CountryName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name Middle Initial Family Name Suffix e.g. Jr. Inventor's Signature DateResidence: State Country CitizenshipPost Office Address Post Office Address City State Zip CountryName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name Middle Initial Family Name Suffix e.g. Jr. Inventor's Signature DateResidence: State Country CitizenshipPost Office Address Post Office Address City State Zip CountryName of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventorGiven Name Middle Initial Family Name Suffix e.g. Jr. Inventor's Signature DateResidence: State Country CitizenshipPost Office Address Post Office Address City State Zip Country Additional inventors are being named on supplemental sheet(s) attached hereto